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REISSUE PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	10659-009
First Named Inventor	JAMAIL, R.
Original Patent Number	5,995,457
Original Patent Issue Date (Month/Day/Year)	November 30, 1999
Express Mail Label No.	N/A
Total Pages	38

Address to:
Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

APPLICATION FOR REISSUE OF:
(check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS

1. ☐ Fee Transmittal Form (PTO/SB/56) *(Submit an original, and a duplicate for fee processing)*

2. ☒ Specification and Claims *(amended, if appropriate)*

3. ☒ Drawing(s) *(proposed amendment, if appropriate)*

4. ☐ Reissue Oath/Declaration (original or copy) *(37 CFR 1.175)(PTO/SB/51 or 52)*

5. Original U.S. Patent

☐ Offer to Surrender Original Patent *(37 CFR 1.178)* *(PTO/SB/53 or PTO/SB/54)*

or

☐ Ribboned Original Patent Grant

☐ Affidavit/Declaration of Loss *(PTO/SB/55)*

6. Original U.S. Patent currently assigned?

☐ Yes ☐ No

(If Yes, check applicable box(es))

☐ Written Consent of all Assignees *(PTO/SB/53 or 54)*

☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Transfer drawings from Patent File

8. ☐ Foreign Priority Claim *(35 USC 119)* *(if applicable)*

9. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

10. ☐ English Translation of Reissue Oath/Declaration *(if applicable)*

11. ☐ Applicant claims small entity status, see 37 CFR §1.27

12. ☒ Preliminary Amendment

13. ☒ Return Receipt Postcard *(MPEP 503)* *(Should be specifically itemized)*

14. ☐ Other:

15. NEW CORRESPONDENCE ADDRESS

Customer Number:

20582
(Insert Customer No. or Attach bar code label here) or ☐ New correspondence address below

NAME	
ADDRESS	

CITY		STATE		ZIP CODE	
COUNTRY		TELEPHONE		FAX	

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